

00862.022245.



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
RIKIO SHIBA ET AL.)
Appln. No.: 09/975,968)
Filed: October 15, 2001)
For: COLLECTING METHOD BY)
INFORMATION PROCESSOR, AND)
ORDERING METHOD OR SALE)
METHOD)
Examiner: A. J. Fischer
Group Art Unit: 3627
November 24, 2004

Mail Stop RCE
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

A Request For Continued Examination (RCE) is filed concurrently herewith.

Preliminary to continued examination, please further amend the above-identified application in the following manner. The amendments to the claims are reflected in the listing beginning at page 2, and the Remarks begin at page 10.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

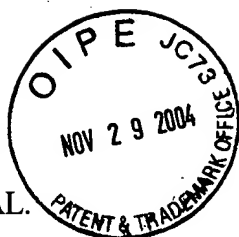
November 24, 2004

(Date of Deposit)

Ronald A. Clayton
(Name of Attorney for Applicant)

Signature

November 24, 2004
Date of Signature



In re Application of:

RIKIO SHIBA ET AL.

Application No.: 09/975,968

Filed: October 15, 2001

For: COLLECTING METHOD BY INFORMATION
PROCESSOR, AND ORDERING METHOD
OR SALE METHOD

Docket No. 00862.022245.

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Date: November 24, 2004

Mail Stop RCE
THE COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

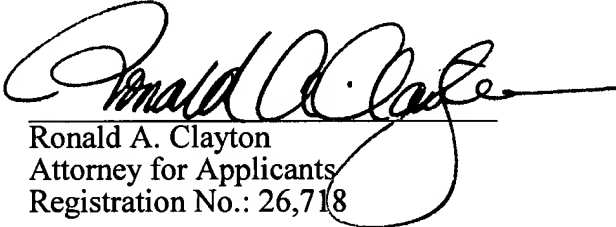
The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 9	MINUS	** 53	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 6	MINUS	*** 22	= 0	x \$44 \$88	\$0.00
Fee for Multiple Dependent claims \$150°/\$300						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Ronald A. Clayton
Attorney for Applicants
Registration No.: 26,718

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200